

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09678770</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					/		51						
2					/	/	52						
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4					/	/	54						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					1		TOTAL IND.						
TOTAL DEP.					6		TOTAL DEP.						
TOTAL CLAIMS					7		TOTAL CLAIMS						